Educator License Application Utah State Office of Education • 250 East 500 South • P.O. Box 144200 • Salt Lake City, Utah 84114–4200

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	e or print in <u>black</u> ink NLY those areas that	using a medium point pare applicable.	oen.)	FP	Date:	
Full Name:	(Last)	(First) (Midd	lle) (Ma	iden)	Social Security Number:	
Mailing Address	(Include City, State & Zip):				Date of Birth:	
Sex: Ethnic Background*:		Citizenship:	Place of B	Place of Birth:		
Education Major			Education Minor:			
Degrees (Univer	sity/Year/State)-B.S./B.A.	Degrees (University/Year/State	e)-M.S./M.A./M.Ed.	Degrees (Degrees (University/Year/State)-Ed.D./Ph.D.	
Previous Utah E	ducator License (If Any):	Year Gran	Year Granted:			
Have you ever h	ad a credential revoked or sus	Where?	Where?			
Have you eve alcohol shall b may be revol	e reported.) If yes, explain	g any law, except minor traf on separate sheet. If a bac	fic violations? kground check r	(Conviction eveals that you	ns for Driving Under the Influence of drugs or have made false statements, your license	
I verify these statements are true, and I understand this information may be used or provided to potential employers and to the Utah State Office of Education for appropriate licensure and professional development purposes.						
*Ethnic backg	round information is being	requested for state and fede	ral reporting purp	oses; however, vo	ou are not required to respond.	

	(FOR OFFICE USE ONLY)								
L	B/S	LICENSE AREA	ENDORSEMENT/SPECIALTY	DATE ISSUED	RENEWAL DATES				
			11						
		1							